

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034035

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 35Primary Registration District No. 30 11Registrar's No. 114

FILED SEP 25 1962

1. PLACE OF DEATH

a. COUNTY Carrollb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CarrolltonLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 401 N. MonroeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Carrollc. CITY OR TOWN CarrolltonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
401 N. MonroeReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First CARLMiddle H.Last GOEDEKE

4. DATE OF DEATH

Month Sept. Day 22 Year 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/18/18869. AGE (last birthday)
76IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Construction10b. KIND OF BUSINESS OR INDUSTRY
Concrete Work11. BIRTHPLACE (City and state or country)
Carroll County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Fred Goedeke

13b. MOTHER'S MAIDEN NAME

Caroline Schnad

14. NAME OF HUSBAND OR WIFE

Emma Goedeke15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)YesW.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

A Mrs. Emma Goedeke, Carrollton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary occlusion
arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

5 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11:50 A. to 22 Sept 62 and last saw him alive on 14 Sept 62Death occurred at 11:50 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. V. Allen M.D.

22b. ADDRESS

Carrollton Mo.

22c. DATE SIGNED

24 Sept 6223a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

9/24/1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Carrollton

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home Carrollton Mo.

25. DATE RECD. BY LOCAL REG.

9-24-62

26. REGISTRAR'S SIGNATURE

Willie Moore Hupp

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

OCT 2 1962

SEP 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.